



# COUNTY OF LOS ANGELES UNITED STATES SERIES I SAVINGS BONDS CANCELLATION NOTICE



PREPARE ONLY ONE COPY OF THIS FORM. COMPLETE INFORMATION REQUESTED BELOW FOR THE BOND YOU WISH TO CANCEL. COMPLETE A SEPARATE FORM FOR EACH BOND BEING CANCELLED. UPON COMPLETION, FORWARD THIS FORM TO YOUR DEPARTMENT'S U.S. SAVINGS BOND COORDINATOR.

DO NOT WRITE IN THE BOXES TO THE RIGHT. FOR AUDITOR'S USE ONLY.	DEDUCTION CODE <b>168</b>	OLD P/R DED	NEW P/R DED	BOND SEQ NO.	CODE
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EMPLOYEE NO.	DEPT. NO.	EMPLOYEE NAME (TYPE OR PRINT - FIRST, MI, LAST)
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ARE YOU CANCELLING ALL OF YOUR SERIES I SAVINGS BONDS, DEDUCTION CODE 168?

☐ YES ☐ NO

**SUBMIT A SEPARATE FORM  
FOR EACH BOND**

ENTER THE TOTAL NUMBER OF FORMS YOU ARE NOW SUBMITTING.	NUMBER
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I WISH TO DISCONTINUE THE PURCHASE OF UNITED STATES SAVINGS BONDS FOR:

OWNER NAME (TYPE OR PRINT - FIRST, MI, LAST)

OWNER SOCIAL SECURITY NUMBER

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CO-OWNER/BENEFICIARY NAME (IF APPLICABLE) (TYPE OR PRINT - FIRST, MI, LAST)

CO-OWNER/BENEFICIARY SOCIAL SECURITY NUMBER (IF

(IF APPLICABLE)

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MONTHLY DEDUCTION FOR THIS BOND

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I HEREBY AUTHORIZE THE AUDITOR OF THE COUNTY OF LOS ANGELES TO DISCONTINUE, AS INDICATED ABOVE, DEDUCTIONS FROM MY EARNINGS FOR THE PURPOSE OF UNITED STATES SAVINGS BONDS.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
WORK PHONE ( ) \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_  
(OPTIONAL)